

VERMONT DEPARTMENT OF HEALTH
ASBESTOS AND LEAD REGULATORY PROGRAM
LEAD ABATEMENT PROJECT PERMIT APPLICATION

Name and address of Abatement Entity: _____

Ph: _____ Fax _____

Lead Abatement Entity ID Number: _____

Building Owners Name and Address: _____

Name and Address of Abatement Project: _____

Total Number of Units to be Abated (include specific unit number): _____

Common Areas to be Abated: Yes or No

Exterior Areas to be Abated: Yes or No

Project Start Date: _____ Completion Date: _____

Exterior Project Start Date: _____ Completion Date: _____

Abatement Activities to be Performed (circle or describe as appropriate):

Component Removal Paint Stripping Encapsulation Enclosure

Alternate Procedures Approval Requested (if any please describe and/or attach):

Interim Controls to be Performed (describe):

Renovation Activities to be Performed (describe):

Name and license number of the on-site Supervisor:

Name of Consultant/Consultant Company to perform clearance:

Name and Address of final waste disposal company:

A complete list of exact locations, types and scope of activities must be attached to this application. Floor plans and/or specifications must be included.

Print
name _____ Signature _____ Date: _____

Prepared By Name and Signature